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BIB DATA SHEET

CONFIRMATION NO. 5040

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | | | | | | |
|---|--|--|-----------------------------------|---|---|--|--|-----------------------------------|------------------------------|---------------------------|--------------------------------|
| 10/578,879 | 03/09/2007 | 250 | 2881 | 1034404-000002 | | | | | | | |
| RULE | | | | | | | | | | | |
| APPLICANTS Steve Arscott, Lille, FRANCE; Severine Le Gac, Ormesson sur Marne, FRANCE; Christian Druon, Villeneuve D'Ascq, FRANCE; Christian Rolando, Lille, FRANCE; | | | | | | | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/FR04/50580 11/10/2004 | | | | | | | | | | | |
| ** FOREIGN APPLICATIONS ***** FRANCE 0350820 11/12/2003 | | | | | | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/21/2007 | | | | | | | | | | | |
| <table border="1"> <tr> <td> Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged </td> <td> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /HANWAY CHANG/ Examiner's Signature </td> <td> <input type="checkbox"/> Met after Allowance Initials </td> <td> STATE OR COUNTRY FRANCE </td> <td> SHEETS DRAWINGS 10 </td> <td> TOTAL CLAIMS 18 </td> <td> INDEPENDENT CLAIMS 2 </td> </tr> </table> | | | | | Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /HANWAY CHANG/ Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY FRANCE | SHEETS DRAWINGS 10 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 2 |
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| ADDRESS BUCHANAN, INGERSOLL & ROONEY PC POST OFFICE BOX 1404 ALEXANDRIA, VA 22313-1404 UNITED STATES | | | | | | | | | | | |
| TITLE Planar Electronebulization Sources Modeled on a Calligraphy Pen and the Production Thereof | | | | | | | | | | | |
| FILING FEE RECEIVED 1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | | | | | |